09540

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 months 13 days

Stay in this community (yrs., or mos., or days) Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 131 Maple Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William T. Adams

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

8 (b) Name of husband or wife Maggie Matthews

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) September 27, 1869

8. AGE: Years 70 | Months 11 | Days 11 | If less than one day ____ hrs. ____ min.

9. Birthplace Marumsco, Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Agriculture

FATHER
12. Name Tubman Adams
13. Birthplace Unknown

MOTHER
14. Maiden name Cinderella Lankford
15. Birthplace Unknown

16. Informant Hospital records, State Hospital

Address Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9-9-40 (month) (day) (year)

Cemetery or crematory Crisfield, Maryland

Location Crisfield, Cemetery

18. Funeral director John A. Bradshaw

Address Crisfield, Md.

19. 9-7 1940 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 7 1940, at 9:10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26 1940, to September 7 1940, and that I last saw him alive on September 6 1940.

Immediate cause of death	DURATION
Cerebral thrombosis	10 days
Due to Arteriosclerosis } more than	
Chronic Myocarditis }	2 years
Due to	
Other conditions Amputated leg	1934
Senile Psychosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles V. Taylor M.D.
M.D. or other

Address Eastern Shore State Hospital Cambridge, Maryland Date signed 9/7/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

09541

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-C

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge - Md. Hospital

Stay in hospital or inst. (yrs., or mos., or days): 6 months

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Dorchester

City or town: Cambridge. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Glenburn Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Ella Bradbury

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 12, 1860

8. AGE: Years: 80 Months: 3 Days: 18 If less than one day: hrs. min.

9. Birthplace: Hon. Dr. Grace, Md.
(Town, county, and state)

10. Usual occupation: Retired Nurse

11. Industry or business:

FATHER
12. Name: John Bradbury.
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Mary Rabain
15. Birthplace: Maryland.

16. Informant: Mrs. Frank Dirk.
Address: Cambridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 2, 1940 (month) (day) (year)

Cemetery or crematory: Episcopal Cemetery

Location: Cambridge Md.

18. Funeral director: Frank E. Albaugh
Address: Cambridge Md

19. 10-1 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 30, 1940 19 1.50 at P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 to Sep. 30 1940, and that I last saw her alive on Sep. 30 - 1940 19

Immediate cause of death: Cardiac dilatation with decompensation

Due to: Unsolved Pneumonia Pulmonary consolidation

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: Guy Steele M. D. or other

Address: Cambridge Md. Date signed: 10-1-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2)

CERTIFICATE OF DEATH

09542

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? --

Hospital, Institution, or street address where death occurred: Dorchester Ave.,

How long in hospital or institution? --

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL and give nearest town)

Street No.: Dorchester Ave., (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Stillborn Burton

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	single

6.(b) Name of husband or wife: single x

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): September 1st, 1940

8. AGE: Years | Months | Days | If less than one day: ..... hrs. ..... min.

Stillborn

9. Birthplace: Cambridge, Maryland. (Town, county, and state)

10. Usual occupation: None

11. Industry or business: none

FATHER — 12. Name: Russell Woodrow Burton

FATHER — 13. Birthplace: Lakesville, Maryland.

MOTHER — 14. Maiden name: Lucille Elizabeth Bradford

MOTHER — 15. Birthplace: Crapo, Maryland.

16. Informant: Mrs. Russell Burton

Address: Dorchester Ave., Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 2nd 1940 (month) (day) (year)

Cemetery or crematory: Crapo Cem.

Location: Crapo, Maryland.

18. Funeral director: Russell Burton

Address: Dorchester Ave., Cambridge, Md.

19. Sept. 1st 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September, 1st 1940, at 4: P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1st 1940 to Sept. 1st 1940 and that I last saw h im alive on Not at all 19.....

Immediate cause of death	DURATION
Stillborn	
Due to: (Cause unknown)	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: XX

Date of op.:

Autopsy results: XX

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: XX Date of:

Where did injury occur? XX (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Cambridge, Md. Date signed: 9/1/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S

09543

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:
211 Cedar St

How long in hospital or institution? 1 day

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Woolford (Rural)
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Stillborn Chester

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	colored	Single

6.(b) Name of husband or wife ✓

6.(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1940

8. AGE: Years | Months | Days | If less than one day

Stillborn ..... hrs. ..... min.

9. Birthplace 211 Cedar St. Cambridge, Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Asbury Chester
13. Birthplace Harrisville, Md.

MOTHER
14. Maiden name Bessie Stanley
15. Birthplace Church Creek, Md.

16. Informant Bessie Chester

Address Woolford, Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Sept. 21, 1940
(month) (day) (year)

Cemetery or crematory Silent City Cem.

Location Cambridge, Md.

18. Funeral director Lewis H. Bayneum

Address Cambridge, Md.

19. Sept 20 1940 John Moore Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18 1940, at 4:P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 18 1940, to Sept 18 1940 and that I last saw h..... alive on Not at all 19

Immediate cause of death Stillborn, Cause unknown

DURATION ?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Moore Jr. M.D.
M. D. or other

Address Cambridge Md. Date signed 9/18/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

09544

334

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 1-D

Village or City Rhodesdale, R. F. D. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 18 yrs. 7 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara E. Cornish If U. S. Veteran, specify WAR —

(a) Residence: No. Rhodesdale, Md., R. F. D. Ward. No Social Security Number

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 3, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) August 1940

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) Dorchester County

(State or country) Maryland

FATHER

13. NAME Goldman Cornish

14. BIRTHPLACE (city or town) Sussex County

(State or country) Delaware

MOTHER

15. MAIDEN NAME Elnora Brisco

16. BIRTHPLACE (city or town) St. Georges

(State or country) Delaware

17. INFORMANT Goldman Cornish

(Address) Rhodesdale, Md., R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place Jones Thicket Date Sept. 7, 1940

Near Rhodesdale, Md.

19. UNDERTAKER J. J. Trumpington & Son

(Address) Hurlock, Maryland

20. FILED Sept. 6th, 1940 Clyde V. Hastings

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 3 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1940, to Sept. 3, 1940

I last saw her alive on Aug. 30, 1940, death is said to have occurred on the date stated above, at 9:05 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Influenza	

Other Contributory Causes of Importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) Hurlock, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

09545

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 days

Stay in this community (yrs., or mos., or days): 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Leon G. Coulbourn.

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male.	White	Married

6 (b) Name of husband or wife: Avirl Coulbourn.

6(c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.): March. 29" 1903

8. AGE:

Years	Months	Days	If less than one day
37	5	7	hrs. min.

9. Birthplace: Secretary, Md. (Town, county and state)

10. Usual occupation: Oysterman & Fisherman

11. Industry or business: Following the water

FATHER

12. Name: Lacy Nichols

13. Birthplace: Talbot Co. Md.

MOTHER

14. Maiden name: Nettie Wroten

15. Birthplace: Secretary, Md.

16. Informant: Mrs Florence Saunders

Address: Choptank, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 8" 1940 (month) (day) (year)

Cemetery or crematory: East New Market Cemetery

Location: East New Market, Md.

18. Funeral director: G. G. Frampton & Son

Address: Federalsburg, Md.

19. Sept. 6th 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 6th 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 3, 1940, to Sept 6 1940, and that I last saw him alive on Sept 6 1940.

Immediate cause of death: Cerebro-spinal meningitis. Pneumococcic, in origin.

Due to: Type B. [illegible]

Due to:

Other conditions: Diabetes

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Spinal Puncture — Turbid spinal fluid

Of autopsy: none

DURATION: 3 days

2

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury Injured at work?

23. SIGNATURE: John Schneider M.D. M. D. or other

Address: Cambridge, Md Date signed: Sept 6, 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09546

1. PLACE OF DEATH 1940

County Dorchester Registration Dist. No. 110

Village or City Near Sharptown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Nancy Sarah Davis If U. S. Veteran, specify WAR —

(a) Residence: No. Seaford, Del. R.F.D. #3 St., Ward. No social Security Number

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Henry Davis 62 years

6. DATE OF BIRTH (month, day, and year) September 26, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	63	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) May 1940

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Sussex County (State or country) Delaware

FATHER

13. NAME Jonathan Figgs

14. BIRTHPLACE (city or town) Sussex County (State or country) Delaware

MOTHER

15. MAIDEN NAME Rachael Elliott

16. BIRTHPLACE (city or town) Sussex County (State or country) Delaware

17. INFORMANT William Henry Davis (Address) Seaford, Delaware, R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Pine Crest Cemetery Place Laurelsburg, Md. Date Sept. 15, 1940

19. UNDERTAKER J. J. Frampton and Son (Address) Fredericksburg, Maryland

20. FILED Sept. 15, 1940 C. Ka. W. Hastings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 13 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 9/13, 1940, to 9/13, 1940

I last saw h[illegible] alive on 9/13, 1940; death is said to have occurred on the date stated above, at 2 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Cerebral Hemorrhage — Date of onset 9/13/40

Other Contributory Causes of Importance: Chronic Myocarditis.

Name of operation ____ Date of ____

What last confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) H. S. Kuhlman M.D.

(Address) Sharptown Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09547

STATE OF MARYLAND—CERTIFICATE OF DEATH

131-01

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 113

Village or City Smithville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 46 yrs. 7 mos. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Syvinia Dunnock If U. S. Veteran, specify WAR

(a) Residence: No. Smithville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (write the word)
Female	C	yes.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Author Dunnock

6. DATE OF BIRTH (month, day, and year) 2-3-1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. private

10. Date deceased last worked at this occupation (month and year) 6 mo

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dorchester Co (State or country) maryland.

FATHER

13. NAME Robert Oliver

14. BIRTHPLACE (city or town) Dorchester Co (State or country) maryland.

MOTHER

15. MAIDEN NAME mary Webb

16. BIRTHPLACE (city or town) Dorchester Co (State or country) maryland.

17. INFORMANT Author Dunnock (Address) Smithville md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Smithville md. Date sept. 17, 1940

19. UNDERTAKER Lewis a. Henry (Address) 222 cedar st. Cambridge md.

20. FILED 9/17/40, 19 J. B. Weild Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 14, 1940.
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1940, to Sept. 14, 1940

I last saw her alive on Sept 13, 1940; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic nephritis with edema.	?
Arteriosclerosis	?
Hypertension	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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BUREAU OF V. S.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83-a)

09548

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 36 Park Lane
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town ~~Rockland~~ Golden Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lucy Ennalls

3. (b) Social Security Number none

4. Sex: female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: widow
B (b) Name of husband or wife William Ennalls
Dead
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Sept. 3, 1874
8. AGE: Years 66 Months — Days 20 If less than one day ____ hrs. ____ min.
9. Birthplace Wicomico Co (Town, county, and state)
10. Usual occupation house work
11. Industry or business
FATHER 12. Name George Gales
13. Birthplace Wicomico Co
MOTHER 14. Maiden name dont honow
15. Birthplace " " "
16. Informant Sarah Woolford
Address Gum Swamp Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 26 (month) (day) (year)
Cemetery or crematory Meekins neck
Location Meekins neck Md
18. Funeral director Lewis H Bayneum
Address Cambridge Md
19. Sept 26 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sep 23rd 1940 5th M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sep 22nd 1940 to Sep 23rd 1940 and that I last saw her alive on Sep 22nd 1940
Immediate cause of death Paralysis
Due to Rupture of Cerebral Vessel
Due to Senility
Other conditions Unknown
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

DURATION: Days Since Sep 20/40 to Sep 23/40

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) None
Means of injury ____ Injured at work?

23. SIGNATURE Thos L Coll MD M. D. or other
Address Cambridge Md Date signed Sep 26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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OCT 4 1940
BUREAU V. S.

09549

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (88-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Rural, James, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life —

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: (Rural) James, Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. ✓

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: J. George Glover

3. (b) Social Security Number: no —

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Amelia Rhea

6.(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.): 11-19-1858

8. AGE: Years 81 | Months 9 | Days 19 | If less than one day ..... hrs. ..... min.

9. Birthplace: Dar Co. Maryland (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business: House

FATHER

12. Name: Not known

13. Birthplace: ✓

MOTHER

14. Maiden name: Henrietta Mowbray

15. Birthplace: Md

16. Informant: Mrs Hamilton Hubbard

Address: Cambridge R.F.D. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9/10/40 (month) (day) (year)

Cemetery or crematory: Sewards

Location: James, Md

18. Funeral director: G S LeCompte

Address: Cambridge Md

19. 9-10 1940 (Date rec'd by registrar) John Neale Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 8 1940, at 11.20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19..., to — 19...

and that I last saw him alive in Aug 1940

Immediate cause of death: Cerebral hemorrhage

Due to: Chronic arteriosclerosis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: no operation

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: no Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE: Guy Steele M.D. M. D. or other

Address: Cambridge Md. Date signed: Sept 10 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (186a)

CERTIFICATE OF DEATH

09550

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Eastern Shor State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 2 mos. 9 days
Stay in this community (yrs., or mos., or days): " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Queen Anne
City or town: Centreville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ada C. Hobby

3. (b) Social Security Number: none

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: George T Hobby
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): August 30 1857
8. AGE: Years 83 Months 0 Days 24 If less than one day ____ hrs. ____ min.
9. Birthplace: Espey Pennsylvania (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own home
FATHER
12. Name: Lanifrod Gearhart (Langeford, S Gearhart)
13. Birthplace: Pennsylvania
MOTHER
14. Maiden name: Ada Galena Creviling
15. Birthplace: Pennsylvania
16. Informant: Hospital Records
Address: State Hospital Cambtidge Md.
17. Burial (Burial, cremation, or removal, which?) Date thereof: 9/26/40 (month) (day) (year)
Cemetery or crematory: Family Chesterfield
Location: Centreville Md
18. Funeral director: Barton Bros
Address: Centreville Md
19. 9-26 1940 (Date rec'd by registrar) John Macé Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 23 1940, at 9.10 pm
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16 1940, to Sept 23 1940, and that I last saw her alive on September 23 1940.

Immediate cause of death	DURATION
Chronic Myocarditis & Myocardial Degeneration	unknown
Due to Arteriosclerosis	"
Due to	
Other conditions: Senile Psychosis	4 yrs.
Fracture of rt femur, due to an accidental fall. CWGR	20 mos

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident. Date of February, 1938.
Where did injury occur? Centreville (City or town), Queen Anne (County), Maryland (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Accidental fall. Injured at work?

23. SIGNATURE: Charles Taylor M.D. M. D. or other
Address: Cambridge, Md. Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I) (T)

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-E)

09551

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 4 Pleasant

Stay in hospital or Inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 5 Weeks

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Andrews, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: X
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Charles H Hughes

3. (b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	Widowed

6 (b) Name of husband or wife: Annie Hughes

Deceased — 6(c) If alive, give age: X years

7. Birth date of deceased (mo., day, yr.): 9/10/1872

8. AGE:

Years	Months	Days	If less than one day
68	x	7	____ hrs. ____ min.

9. Birthplace: (Lakes) Dor. Co. Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER — 12. Name: Levin Hughes

13. Birthplace: Md.

MOTHER — 14. Maiden name: Annie Hughes

15. Birthplace: Md.

16. Informant: Mrs. Phillip Newcomb.

Address: Cambridge, Md.

17. Burial, cremation, or removal. Which?: Burial — Date thereof: 9/30/40 (month) (day) (year)

Cemetery or crematory: Family

Location: Andrews, Md.

18. Funeral director: G. L. Compton

Address: Cambridge Md

19. 9-30 1940 (Date rec'd by registrar) — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 27th 1940, at 1:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-14-40 1940, to Sept 27th 1940, and that I last saw h in alive on September 27th 1940.

	DURATION
Immediate cause of death: Uremia,	10 days.
Probable Carcinoma of Colon with partial Obstruction	3-4 Mo.
Due to Arterio Sclerosis, Cerebral and Cerebral,	?
Due to Arterio Sclerotic Cardio-Vascular Renal Disease	?
Other conditions: Dehydration and Malnutrition	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury: ____ Injured at work? ____

23. SIGNATURE: Eldridge H. Wolff M.D.
M. D. or other

Address: Cambridge, Md. Date signed 9-28-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73d

09552

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge, R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 27 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Doc.
City or town Cambridge R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Martin L. Keplinger Sr.

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Magdalena Miesner
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21 - 185?

8. AGE:

Years	Months	Days	If less than one day
88	6	?	hrs. min.

9. Birthplace Austria-Hungary (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Martin L.
13. Birthplace Austria Hungary
MOTHER 14. Maiden name Elizabeth Schneider
15. Birthplace Austria Hungary
16. Informant Mrs. John Keplinger
Address Cambridge, Md.
17. Burial (Burial, cremation, or removal (Which?)) Date thereof Sept 26-1940 (month) (day) (year)
Cemetery or crematory Greenlawn
Location Cambridge, Md.
18. Funeral director Kenneth R. Thomas
Address Cambridge, Md.
19. 9-26 1940 John Meade Jr. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23rd 1940, at 9 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 20 1940, to Sept. 23 1940, and that I last saw him alive on Sept. 23 1940.

Immediate cause of death	DURATION
Myocardial Failure	3days
Due to Aplastic Anemia	
Due to Senility	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. T. Thomas M. D. or Coroner
Address Cambridge, Md. Date signed 9/24/40

RECEIVED
OCT 4 1940
BUREAU V. S.

09553

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(159)

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Maryland Hospital

Stay in hospital or inst. (yrs., or mos., or days) ~~one~~ Two days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge R. D. #1 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Baby Girl Keyes

3. (b) Social Security Number none.

4. Sex: female

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3. 1940

8. AGE: Years | Months | Days | If less than one day: 2 hrs. min.

9. Birthplace Cambridge Maryland Hospital (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name Sidney Stokes Keyes

13. Birthplace Cambridge R. D. #3

MOTHER

14. Maiden name Marie Robbins

15. Birthplace Cambridge R. D. #1

16. Informant Sidney S. Keyes

Address Cambridge R. D. #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 3rd 1940 (month) (day) (year)

Cemetery or crematory Cambridge, R. F. D. (Home)

Location Cambridge R. F. D. #1

18. Funeral director Chas. Robbins (y-father)

Address Cambridge R. #1 Md

19. Sept. 3rd 1940 (Date rec'd by registrar) John Meace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 3 1940, at 8:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 3 1940, to Sept 3 1940, and that I last saw her alive on Sept 3 1940.

Immediate cause of death: Prematurity — ~~Dis~~ Born 6 45 am. 9-3-40.

DURATION

Due to: Prematurity due to toxemia of mother

Due to: Gangrenous appendicitis with perforation and acute generalized peritonitis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wylie M. Faw M.D. M. D. or other

Address Cambridge Md Date signed 9-3-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-e)

09554

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R.F.D #1
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 week.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Thila. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary H Maddrey

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	Colored	Married

6.(b) Name of husband or wife John B Maddrey
6.(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) June 24, 1891

8. AGE: Years 49 | Months 3 | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation House wife
11. Industry or business House wife

FATHER
12. Name Edward Hughs
13. Birthplace Md

MOTHER
14. Maiden name Frances H Hughs
15. Birthplace Maryland

16. Informant John Maddrey
Address Philadelphia Pa

17. (Burial, cremation, or removal. Which?) Date thereof Sept 4 1940 (month) (day) (year)
Cemetery or crematory Hughs Cemetery
Location Black Water Md

18. Funeral director Lewis H Baynum
Address Cambridge Md

19. Sept 3rd 1940 (Date rec'd by registrar) John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 - 1 - 1940, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-1 1940, to 9-1 1940, and that I last saw her alive on 1 1940.

	DURATION
Immediate cause of death Acute Gastric Dilatation	Unknown
Due to Over-eating Etc.	
Due to	
Other conditions Myocarditis ?	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F D Boyer M.D.
M.D. or other
Address 122 Pine St, Cambridge, Md Date signed 9-3-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93)

09555

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:
County Worcester
City or town Near East New Market
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 10 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State — County —
City or town — Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Joshua R. McGrath.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Mary McGrath
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 22, 1879

8. AGE: Years 61 | Months 4 | Days | If less than one day — hrs. — min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name Dennis McGrath
13. Birthplace Md

MOTHER
14. Maiden name Louisa Jenkins
15. Birthplace Md

16. Informant Cornelius McGrath
Address East New Market

17. Burial (Burial, cremation, or removal (Which?)) Date thereof Sept 28 1940 (month) (day) (year)
Cemetery or crematory Cemetery
Location East New Market

18. Funeral director H. H. Wellenkotter
Address East New Market

19. Sept 26 1940 (Date rec'd by registrar) H. E. Parker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 22 1940, at 8:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 17 1940, to Sept. 22 1940., and that I last saw him alive on Sept 22 1940.

Immediate cause of death: Acute Myocardial Failure — DURATION 9/22/40.

Due to: Hypertension — ?

Due to: Generalized atherosclerosis — ?

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE W. J. Parker M. D. or other
Address Cambridge Md. Date signed 9/26/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

09556

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester

City or town Hurlock

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 66 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Hurlock Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alva W. Medford

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Elizabeth Medford

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) March 1, 1874

8. AGE:

Years	Months	Days	If less than one day
66	6	12	____ hrs. ____ min.

9. Birthplace Dorchester County Maryland (Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Fred Store

FATHER 12. Name Nathaniel Medford

13. Birthplace Dorchester County, Maryland

MOTHER 14. Maiden name Rowena Hurlock

15. Birthplace Dorchester County, Maryland

16. Informant Mrs. Alva W. Medford

Address Hurlock, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 16, 1940 (month) (day) (year)

Cemetery or crematory Washington Cemetery

Location Hurlock, Maryland

16. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. Sept. 15 19 40 (Date rec'd by registrar) Chas. W. Hastings Registrar

MEDICAL CERTIFICATION

7:45

20. DATE OF DEATH September 13 1940, at A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 24 1940, to September 13 1940, and that I last saw him alive on September 12 1940.

	DURATION
Immediate cause of death Cardiac Decompensation	
Due to Chronic Nephritis	8
Due to Cerebral Embolism	6 hrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Emily B. Plummer M. D. or other

Address Preston, Maryland Date signed 9/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (168)

CERTIFICATE OF DEATH

09557

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? About 18 months

Hospital, Institution, or street address where death occurred:

Cambridge-Maryland Hospitlal.

How long in hospital or institution? 10 days

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Florida County: Dead Co.,

City or town: Cocoanut Grove,

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Alice Green Milling alias Alice Mendenhall

3.(b) Social Security Number: 215-12-6415

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	colored	married

6.(b) Name of husband or wife: Joseph Milling

6.(c) If alive, give age: 31 years

7. Birth date of deceased (mo., day, yr.): Unknown 1914

8. AGE: Years	Months	Days	If less than one day
26	?	?	...hrs. ...min.

9. Birthplace: Winnsboro, S. C. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Canning industry.

FATHER

12. Name: Unknown

13. Birthplace: ?

MOTHER

14. Maiden name: Mattie Green

15. Birthplace: Winnsboro, S. C.

16. Informant: Sarah Maloy

Address: 3233 Charles Ave., Cocoanut Grove Florida.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 25 1940 (month) (day) (year)

Cemetery or crematory: Waugh Cemetery

Location: Cambridge, Maryland.

18. Funeral director: Vodery & St. Clair

Address: Cambridge, Maryland.

19. 9/24/40 19... (Date rec'd by registrar) John Macey Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 20th 19 40, at 10:08 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not at all 19... to ...19...

and that I last saw h... alive on Not at all 19...

Immediate cause of death	DURATION
Fracture of Skull	3 weeks
Due to Blow on Head	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Homicide Date of 8/25/40

Where did injury occur? Cambridge (City or town) Dor. (County) Md. (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Struck on Head Injured at work? No

23. SIGNATURE: John Moore Jr. M.C. acting Asst. Medical Examiner M. D. or other

Address: Cambridge, Md. Date signed 9/24/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

09558

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A 15

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Eastern Shore Hospital
Stay in hospital or inst. (yrs., or mos., or days): two days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Stockton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: unknown

3. (a) FULL NAME: Marcellus Bounds Paradis

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife: Margaret Johnson
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 12-16 1853

8. AGE:

Years	Months	Days	If less than one day
87	8	22	hrs. min.

9. Birthplace: Worcester Md. (Town, county, and state)
10. Usual occupation: oysterman, tutor
11. Industry or business: store keeper
FATHER 12. Name: John Paradis
FATHER 13. Birthplace: Worcester Md.
MOTHER 14. Maiden name: Amelia Mason
MOTHER 15. Birthplace: Worcester Md.
16. Informant: Hospital record
Address: Cambridge Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9-10-40 (month) (day) (year)
Cemetery or crematory: Stockton Cemetery
Location: Stockton, Md.
18. Funeral director: John A. Bradshaw
Address: Pocomoke City, Md.
19. Sept. 9 1940 (Date rec'd by registrar) John Preston Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 8th 1940 at 8:14 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 7th 1940 to Sept 8th 1940, and that I last saw him alive on Sept. 8th 1940.

Immediate cause of death	DURATION
Softening of the brain	unknown
Due to Arteriosclerosis	unknown
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Charles Naylor M.D. M. D. or other
Address: Cambridge, Md. Date signed 9-8-40

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-L)

09559

CERTIFICATE OF DEATH

Reg. Dist. No. 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 23 yrs., 2 mos., 22 das.

Stay in this community (yrs., or mos., or days) --

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Conowingo Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)
--

2(a) IF VETERAN, NAME WAR --

3. (a) FULL NAME: Sherwood C. Rea

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife: Edith (Rea)

6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): 1888 (?)

8. AGE: Years	Months	Days	If less than one day
62	?	?	hrs. min.

9. Birthplace: Conowingo, Cecil County, Maryland
(Town, county, and state)

10. Usual occupation: Fireman

11. Industry or business: Railroad

FATHER
12. Name: Edwin Rea
13. Birthplace: ?, Maryland

MOTHER
14. Maiden name: Mary ?
15. Birthplace: ? Maryland

16. Informant: Hospital Records and Mrs. Joseph H. Gorrell
Address: Aikin, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 6 1940 (month) (day) (year)

Cemetery or crematory: Perryville

Location: Perryville Md.

18. Funeral director: Lee A. Patterson

Address: Perryville, Md.

19. Sept 7th 1940 (Date rec'd by registrar) John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 5, 1940, at 10:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1, 1940, to 9/5/1940, and that I last saw him alive on 9/5/1940.

	DURATION
Immediate cause of death: Cerebral thrombosis	16 hrs.
Due to: Cerebral arteriosclerosis and myocardial degeneration	5 yrs.
Due to:	
Other conditions: Dementia praecox-more than	23 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: --
Of autopsy: --

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Charles V. Taylor M.D. M. D. or other

Address: Cambridge Md. Date signed: 9/6/40

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

09560

Reg. Dist. No. 110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Hurlock
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 years
Hospital, institution, or street address where death occurred: none
How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Hurlock
(If outside city or town limits, write RURAL and give nearest town)
Street No.: X
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Warren Robbins

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Louise Hedy Robbins
6.(c) If alive, give age: 54 years
7. Birth date of deceased (mo., day, yr.): Feb 27, 1884
8. AGE: Years: 56 Months: 7 Days: 24 If less than one day: ...hrs. ...min.
9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:

FATHER
12. Name: W. H. Robbins
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary E. Owens
15. Birthplace: Baltimore Md

16. Informant: Jno. H. Robbins
Address: Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9/23/40 (month) (day) (year)
Cemetery or crematory: East New Market
Location: East New Market, Md.

18. Funeral director: Granville S. LeCompte
Address: Cambridge, Md

19. Sept 21 1940 (Date rec'd by registrar) Chas. O. Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9/21 1940, at 12:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/21 1940 to 9/21 1940 and that I last saw him alive on 9/21/40 1940

Immediate cause of death	DURATION
Dilatation of heart from chronic	
Due to: myocarditis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...

Autopsy results: ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury: ... Injured at work?

23. SIGNATURE: G. Roger Myers M. D. or other
Address: Hurlock Date signed: 9/21/40

RECEIVED
OCT 7 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-D)

09561

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:
County Dorchester
City or town Berlah - Hurlock - Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution Berlah
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Berlah Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah E. Schuyler

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Robert H. Schuyler
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) October 11, 1865

8. AGE: Years	Months	Days	If less than one day
74	10	24	____ hrs. ____ min.

9. Birthplace Harrington Delaware
(Town, county, and state)
10. Usual occupation Housework.
11. Industry or business Own Home
FATHER 12. Name Thomas Ryan
FATHER 13. Birthplace Sussex County, Delaware
MOTHER 14. Maiden name Sarah Catherine Blades
MOTHER 15. Birthplace Worchester County, Maryland
16. Informant Willard W. Schuyler
Address Hurlock, Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof September 7, 1940 (month) (day) (year)
Cemetery or crematory Greensboro Cemetery
Location Greensboro, Maryland
18. Funeral director J. J. Frampton and Son
Address Federalsburg, Maryland

19. Sept 6th 1940 Chas W Hastings
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 5 1940, at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 5 1940, to Sept 5 1940, and that I last saw her alive on Sept 5 1940.

	DURATION
Immediate cause of death	
Chronic Myocarditis	Continuous
Due to	
Due to	
Other conditions Acute Pulmonary Edema	1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank M. Anderson M.D.
M. D. or other
Address Federalsburg, Md. Date signed 9/6/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 7 1940
BUREAU V. S.

09562

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH

County Dorchester

City or town Cambridge, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Cambridge Md Hospital

How long in hospital or institution? 1 Day.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge R.F.D. Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war Jamesa Md

3. (a) FULL NAME Carnelia Ellen Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married.

6.(b) Name of husband or wife Wm A Smith

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 9-7-1914

8. AGE: Years 26 Months X Days 1 If less than one day ..... hrs. ..... min.

9. Birthplace Cambridge, R.F.D. Md (Town, county, and state)

10. Usual occupation Home Wife.

11. Industry or business

FATHER 12. Name Albert Hubbard

13. Birthplace Md.

MOTHER 14. Maiden name Sarah Hubbard

15. Birthplace Md.

16. Informant Wm A Smith

Address Cambridge R.F.D. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/9/40 (month) (day) (year)

Cemetery or crematory Dar Mean Park

Location Cambridge Md

16. Funeral director G S Le Concepte

Address Cambridge Md

19. 9-9 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 8 1940, at 5.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 ..., to — 19 ...

and that I last saw h — alive on — 19 ...

Immediate cause of death 2nd & 3rd Degree Burns — DURATION 1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Sept 7-40

Where did injury occur? James - Dor. Co. Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) home

Means of injury Explosion of kerosene Injured at work? yes at home

23. SIGNATURE Jos. K. Shriver, Dep. Med. Exam. M. D. or other

Address Cambridge - Md Date signed Sept. 9/1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(170C)

09563

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County: Dorchester

City or town: Hurlock. R.F.D. Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 yrs. 6-mos. 19-days

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Dorchester

City or town: Hurlock

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Frank C. Stanley

3.(b) Social Security Number: None

4. Sex: Male

5. Color or race: Col

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): March 2nd 1916

8. AGE: Years 24 | Months 6 | Days 19 | If less than one day ... hrs. ... min.

9. Birthplace: Dorchester Co. Md.

(Town, county, and state)

10. Usual occupation: Farm Laborer

11. Industry or business: Working general farm Work

FATHER

12. Name: Charles Stanley

13. Birthplace: Dorchester Co. Md.

MOTHER

14. Maiden name: Mary E. Stanley

15. Birthplace: Dorchester Co. Md.

16. Informant: Mary E. Stanley

Address: Hurlock. Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 25" 1940 (month) (day) (year)

Cemetery or crematory: Washington Cemetery

Location: Near Hurlock. Md.

18. Funeral director: G. G. Frampton & Son

Address: Federalsburg, Maryland

19. Sept 25 1940 (Date rec'd by registrar) Chas W Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 21 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not at all 19 to 19

and that I last saw h... alive on Not at all 19

Immediate cause of death: Fracture of Skull Instant death.

Due to: Fracture l. tibia & fibula

Due to:

Other conditions

(Include pregnancy within 3 months of death)

DURATION: Instant

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Accident Date of 9/21/40

Where did injury occur? Hurlock (City or town) Dor. (County) Md. (State)

Injured at home, farm, industry, public place (where?) Public Highway

Means of injury: Hit by auto Injured at work? No

23. SIGNATURE: John Moore Jr. M.D.

Acting Deputy Medical Examiner M. D. or other

Address: Cambridge Md Date signed 9/21/40

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

09564

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester

City or town Hurlock

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 6 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Hurlock Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lewis E. Thomas

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Aphelia Thomas

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) February 14, 1886

8. AGE: Years	Months	Days	If less than one day
54	6	22	____ hrs. ____ min.

9. Birthplace Queen Anne County, Maryland (Town, county, and state)

10. Usual occupation Minister

11. Industry or business Methodist Church

FATHER 12. Name Edward Thomas

FATHER 13. Birthplace Queen Anne County, Maryland

MOTHER 14. Maiden name Susan Ralph

MOTHER 15. Birthplace Queen Anne County, Maryland

18. Informant Mrs. Lewis E. Thomas

Address Hurlock, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 11, 1940 (month) (day) (year)

Cemetery or crematory Washington Cemetary, Cal,

Location Near Hurlock

18. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. Sept 7 1940 (Date rec'd by registrar) Chas W Haslup Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 6 1940, at 1.10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/1 1940, to 9/5 1940, and that I last saw him alive on 9/5/40 1940.

	DURATION
Immediate cause of death Tuberculosis Pulmonalis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G Roger Myers M. D. or other

Address Hurlock Date signed 9/6/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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OCT 7 1940
BUREAU V. S.

09565

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Hospital

Stay in hospital or inst. (yrs., or mos., or days) 14 days

Stay in this community (yrs., or mos., or days) same

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Dorchester

City or town East New Market Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward Thompson

3. (b) Social Security Number 214-12-6754

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1st 1905

8. AGE: Years 35 Months — Days — If less than one day hrs. min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Fred Thompson

13. Birthplace Md

MOTHER 14. Maiden name Martha Banks.

15. Birthplace Md

16. Informant Fred Thompson

Address East New Market

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 15 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location East New Market

18. Funeral director H. H. Willoughby

Address East New Market

19. 9/13/ 1940 (Date rec'd by registrar) John Moore Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 1940, at 1:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 29, 1940, to Sept 13 1940, and that I last saw him alive on Sept 12 1940.

Immediate cause of death	DURATION
Meningitis (Staphlococcus aureus)	3 days
Due to Fracture skull	16 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 8/28/40

Where did injury occur? East New Market (City or town) (County) Md (State)

Injured at home, farm, industry, public place (where?) Public Highway

Means of injury Truck hit tree Injured at work? Yes

23. SIGNATURE John Moore Jr. M.D. (M. D. or other) acting Asp. medical examiner

Address Cambridge Md Date signed 9/13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (I) 1940 (T)

RECEIVED
OCT 4 1940
U. S. V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09566

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore State hospital

Stay in hospital or inst. (yrs., or mos., or days): 1yr 9mos 17 days

Stay in this community (yrs., or mos., or days): 1yr 9mos. 17 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Unknown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME: Lula Van Dyke

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 19 1889

8. AGE: Years 50 | Months 11 | Days 13 | If less than one day: hrs. min.

9. Birthplace: Kennedyville, Kent Maryland (Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER

12. Name: Thomas VanDyke

13. Birthplace: Maryland

MOTHER

14. Maiden name: Regina Raisin

15. Birthplace: Maryland

16. Informant: Hospital Records

Address: State Hospital Cambridge Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof 9/4/40 (Month) (day) (year)

Cemetery or crematory: Family Cemetery

Location: Chestertown, Md.

18. Funeral director: Danville L. L. Compton

Address: Cambridge, Md

19. Sept. 3rd 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 1 1940, at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1940 to Sept. 1 1940, and that I last saw her alive on Sept. 1 1940.

	DURATION
Immediate cause of death: Chronic Myocarditis & Myocardial Degeneration	unknown
Due to: Kypho-Scoliosis	44 yrs
Due to: Tuberculosis of spine at 7	yrs. of a
Other conditions: Mental Deficiency	life

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Charles V. Wayne M.D. M. D. or other

Address: Cambridge, Md Date signed 9/1/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09567

Reg. Dist. No. 114

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Lackesville, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:
X

How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Lakesville Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. X
(If rural, give LOCATION)

2.(a) If veteran, name war: No

3. (a) FULL NAME

Elizabeth Wilmina Wallace

3. (b) Social Security Number

No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Sleighter Wallace

6.(c) If alive, give age X years

7. Birth date of deceased (mo., day, yr.): 8/20/1850

8. AGE: Years	Months	Days	If less than one day
90	1	7	..... hrs. ..... min.

9. Birthplace: (Lakes) Dorchester Co. Md.
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business: Home

FATHER 12. Name: Washington Slacum

13. Birthplace: Md.

MOTHER 14. Maiden name: Mary Slacum

15. Birthplace: Md

16. Informant: Mr. Robt L. Simmons

Address: Andrews, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/29/40 (month) (day) (year)

Cemetery or crematory: Oak Grove

Location: Golden Hill, Md.

18. Funeral director: Granville S. LeCompte

Address: Cambridge, Md.

19. Sept 28 1940 (Date rec'd by registrar) Mrs W.J. Bucek Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 27 1940 at 6.40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 25 1940, to Sept 27 1940

and that I last saw her alive on Sept 25 1940

Immediate cause of death: General Paralysis

	DURATION
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operation: .....

Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: F L Clymer M. D. or other

Address: Bishop Md Date signed .....

RECEIVED
OCT 5 1940
BUREAU V. S.